COMPLIANCE CHECKLIST

▶ Outpatient Surgical Facilities

The following Checklist is for plan review of ambulatory surgery centers that meet licensure criteria and hospital outpatient surgical facilities. This checklist is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each outpatient department

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction

Instructions:

- 1. The Checklist must be filled out completely with each application
- 2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) before the section title (e.g. _E_ EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
 - X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.
 - E = Requirement relative to an existing suite or area we that has been licensed for its designated function, is not affected by the construction project and does not pertain to a required support space for the specific service affected by the project.
- EX = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.
 - = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
- 3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references
- 4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA"
- 5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations
- 6. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "3.7-") and the specific section number.

| Facility Name: | DoN Project Number: (if applicable) | |
|------------------------------------|-------------------------------------|--|
| Facility Address: | | |
| Satellite Name: (if applicable) | Building/Floor Location: | |
| Satellite Address: (if applicable) | Submission Dates: | |
| Project Description: | Initial Date: | |
| | Revision Date: | |

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

| | | ARCHITECTURAL REQUIREMENTS | ELECTRICAL REQUIREMENTS |
|--|---|---|--|
| 3.1- 1.6 1.6.2 | | FACILITY ACCESS Building entrance grade level clearly marked | |
| 1.6.3 3.7- 1.3 1.3.1 | | access separate from other activity areas Design precludes unrelated traffic within the facility ENVIRONMENT OF CARE Patient visual & acoustical privacy | |
| | | registration preparation examination treatment recovery areas | |
| 3.7- 1.5.2 | | LAYOUT outpatient surgical facility divided into 3 designated areas: unrestricted, semi-restricted & restricted boundaries of 3 designated areas are shown on the plans | |
| 3.7- 1.6.1 | | PARKING Min. 4 parking spaces for each OR Min. 1 parking space for each staff member Additional parking spaces convenient to facility entrance for pickup of patients after recovery | |
| 3.7- 2 3.1- 2.1.1/ 3.1- 2.1.3 | _ | EXAMINATIONS Examination room or min. 80 sf (excluding vestibules & fixed casework) & min. clearance 2'-8" at sides & foot of exam table documentation space with charting counter documentation space with charting counter Examination room or Treatment room for minor surgical procedures min. 120 sf (excluding vestibules & fixed casework) min. dimension 10'-0" min. clearance 3'-0" at sides & foot of treatment table documentation space with charting counter | Handwashing station Vent. min. 6 air ch./hr Portable or fixed exam light Min. 2 el. duplex receptacles |
| 3.7- 2.3 | | OPERATING ROOMS (OR classes conform to definitions established by American College of Surgeons) | Ventilation* min. 15 air ch./hr positive pressure supply diffusers center of ceiling 2 remote return grilles at floor level individual temperature controls Plumbing* no floor drains Electrical* special lighting at operating table general lighting separate circuits medical image viewer lighting on emergency power all receptacles & fixed |

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ **ELECTRICAL REQUIREMENTS** 2.3.1.1 Class **A** operating rooms (minor surgery) check if function not included in facility min. 150 sf Medical gases (1) min. clear dimension 12'-0" ___ 1 OX, 1 VAC (excluding vestibule & fixed casework) min. clearance 3'-6" at each side, head & foot of (2)operating table located within restricted corridors of surgical suite or (3)in unrestricted corridor adjacent to surgical suite Class **B** operating rooms (intermediate surgery) 2.3.1.2 check if function not included in facility ___ min. 250 sf Medical gases (1) 2 OX, 2 VAC min. clear dimension 15'-0" (excluding vestibule & fixed casework) min. clearance 3'-6" at each side, head & foot of (2)operating table located within restricted corridors of surgical suite (3)2.3.1.3 Class C operating rooms (major surgery) check if function not included in facility min. 400 sf Medical gases (1) min. clear dimension 18'-0" 2 OX, 3 VAC (excluding vestibule & fixed casework) min. clearance 4'-0" at each side, head & foot of (2)operating table (3)located within restricted corridors of surgical suite **3.7-**2.4 POST-ANESTHESIA RECOVERY ROOM Directly accessible from semi-restricted area (1)Nurse utility/control station (2)visualization of patients in acute recovery positions (4) Pediatric surgery or Pediatric surgery not included in program included in program separate section for pediatric recovery space for parents **Number of Recovery Stations** ratio of recovery stations to procedure room is Policy determined according to projected average procedure & recovery times (explained in project narrative) 2.4.1.2(1) min. 1 recovery station per operating room Min. clear floor area of 80 sf for each patient station _ Handwashing stations (2)Space for additional equipment min. 1 station per 4 stretchers Min. clearance 5'-0" between patient stretchers ___ uniformly distributed Min. clearance 4'-0" between patient stretchers & adjacent Access to bedpan cleaning walls (at stretcher's sides & foot) equipment Provisions for patient privacy 1 OX & 1 VAC for each station (3)Vent. min. 6 air ch./hr Nurses call button at each station

| | ARCHITECTURAL REQUIREMENTS | MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS |
|------------------------------|--|--|
| 2.4.1.3 (1) | Support areas within post-anesthesia recovery rooms medication preparation & dispensing supply storage soiled linen & waste holding charting & dictation | Handwashing station |
| (2) | equipment storage space (warming cabinet, ice machine, crash cart) out of required circulation clearances | |
| 2.5.6(2) | Fluid waste disposal toilet equipped or separate clinical flushing- with bedpan- rim sink cleaning device | |
| 3.7- 2.4.2 2.4.2.2 | PHASE II RECOVERY ROOM Min. 50 sf for each patient in a lounge chair with space for additional equipment Min. clearance 4'-0" between sides of lounge chairs & foot of lounge chairs | _ |
| 2.4.2.3 | Provisions for patient privacy | |
| 2.4.2.4 | Support spaces within Phase II recovery room storage space for supplies & equipment clinical work space space for family members nourishment facilities | Handwashing station |
| 2.4.2.5 | Patient toilet room | Handwashing station Vent. min. 10 air ch./hr (exhaust) |
| 3.7- 2.5 | SUPPORT AREAS for ORs | |
| 2.5.1 | Control station | |
| | located to permit visual surveillance of all traffic entering restricted corridor (access to operating rooms & other ancillary clean/sterile areas) | |
| 2.5.2 | Scrub facilities | |
| (1) | located near entrance to each operating room (may service two operating rooms) | |
| (2) | arranged to minimize splatter on nearby personnel or | |
| 2.5.3 | supply carts Drug distribution station | Handwashing station |
| (1) | provisions for storage & preparation of medications administered to patients | conveniently accessible |
| (2) | refrigerator for pharmaceuticalsdouble-locked storage for controlled substances | |
| 2.5.4 | Soiled Workroom | Handwashing station |
| (1) | work counter | Clinical flushing-rim sink |
| | space for waste receptacle | Vent. min. 10 air ch./hr (exhaust) |
| (2) | located within semi-restricted area | |
| 2.5.5 | Sterilizing Facilities | |
| | Space for high-speed sterilizer or other sterilizing | |
| (4) | equipment for immediate or emergency use | |
| (1) (2) | located in restricted areaseparate area for cleaning & decontamination of instruments prior to sterilization. | |

ARCHITECTURAL REQUIREMENTS

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

| 2.5.7 2.5.7.1 | Equipment & supply storage anesthesia equipment & supply storage provisions for cleaning, testing & storing anesthesia equipment supplies located within semi-restricted area | |
|------------------|---|--|
| 2.5.7.2 | Medical gas storage adequate space for supply & storage space for reserve cylinders | |
| 2.5.7.3 | General equipment & supply storage equipment & supplies used in surgical suite | |
| (1) | min. floor area 50 sf for one OR, 100 sf for two ORs + 25 sf per additional OR | |
| (2) | located within semi-restricted area | |
| 2.5.7.4 | Stretcher storage area convenient for use out of direct line of traffic | |
| 2.5.7.5 | Wheelchair storage | |
| 2.5.7.6 | Emergency equipment/supply storage crash cart anesthesia carts | |
| 2.5.8 | convenient access from surgical & recovery areas Housekeeping room storage space for housekeeping supplies & | Floor service sink Vent. min. 10 air ch./hr (exhaust) |
| 3.7- 2.6 | SUPPORT AREAS for Surgical Staff | |
| 2.6.1 | Staff lounge & toilet facilitiescheck if service <u>not</u> included (only if less than 3 ORs) | |
| 2.6.2 | Staff clothing change area | |
| (1) | lockers toilet room | Handwashing stationVent. min. 10 air ch./hr (exhaust) |
| (2) | space for donning scrub attire arranged to encourage one-way traffic pattern direct access from outside surgical suite direct access to surgical suite | |
| 2.6.3 | Staff shower conveniently accessible to surgical suite & recovery areas | Vent. min. 10 air ch./hr (exhaust) |
| 3.7- 2.7 | SUPPORT AREAS for Patients Outpatient surgery change area | |
| 2.7.1.1 | lockers toilet room | Handwashing stationVent. min. 10 air ch./hr (exhaust) |
| | clothing change areaspace for administering medications | vonc min. To all on mi (exilaust) |
| 2.7.1.2 | Secure storage of patients personal effects | |

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ **ELECTRICAL REQUIREMENTS 3.7-**3 SERVICE AREAS **3.7-**3.1.1.2 Provisions for sanitizing clean & soiled carts On-site sterilizing facilities **3.7-**3.1.2 check if service not included Soiled workroom Handwashing station **3.7-**3.1.2.1 ___ for exclusive use of surgical suite Clinical flushing-rim sink ___ located in semi-restricted area Vent. min. 6 air ch./hr (exhaust) (1) (2)___ a work counter ___ negative pressure space for waste receptacles space for soiled linen receptacles Clean assembly/workroom **3.7-**3.1.2.2 Handwashing station ___ sterilization equipment Vent. min. 4 air ch./hr separated from soiled workroom by self-closing **3.7-**3.1.2.1 positive pressure door or pass-through opening for transfer of (3) decontaminated instruments **3.7-**3.1.2.3 Clean/sterile supplies room Vent. min. 4 air ch./hr ___ min. 100 sf positive pressure (2) min. 50 sf per operating room **3.1-**3.1.1 Housekeeping rooms ___ min. one housekeeping room per floor **3.1-**3.1.1.1 Floor service sink **3.1-**3.1.1.2 ____ storage for housekeeping supplies & equipment Vent. min. 10 air ch./hr (exhaust) Engineering services & maintenance **3.1-**3.2 (may be shared with other departments or building tenants) **3.1-**3.2.1 equipment room for boilers, mechanical equipment & electrical equipment **3.1-**3.2.2 equipment & supply storage waste collection & storage **3.1-**3.3.1.1 **3.1-**4.1 **PUBLIC AREAS** Entrance **3.1-**4.1.1 ____ covered entrance for pickup of patients after surgery **3.7-**4.1.1 accommodates wheelchairs **3.1-**4.1.2 Reception & information counter or desk **3.1-**4.1.3 Waiting space Vent. min. 6 air ch./hr 3.1-4.1.4 Handwashing station Public toilets ___ conveniently accessible from waiting area Vent. min. 10 air ch./hr (exhaust) access separate from patient care or staff work areas **3.1-**4.1.5 Telephone for public use ___ pay phone or wall-hung standard phone (local calls) conveniently accessible Provisions for drinking water **3.1-**4.1.6 conveniently accessible **3.1-**4.1.7 Wheelchair storage ___ conveniently accessible

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS 3.7-4.2 ADMINISTRATIVE AREAS ___ Interview space 4.2.1 ___ provisions for privacy Offices 4.2.2 ___ business office ____ offices for administrative & professional staff separate from public & patient areas with provisions 4.2.2.1 for confidentiality of records Medical records 4.2.3 ____ secure medical records storage 4.2.4 Multipurpose or consultation room 4.2.5 General storage Support areas for staff 4.2.6 ___ storage for staff personal effects locking drawers or cabinets **3.2-**3.2.6 staff toilet Handwashing station Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS **DETAILS & FINISHES ELEVATORS** <u>Corridors</u> (3.1-5.2.1.1 & 3.7-5.2.1.1) Each floor has an Min. one elevator or Min. 8'-0" corridor width in surgical suite elevator in multistory entrance located at Min. 5'-0" corridor width in other patient areas facility outside grade level or ____ Min. staff corridor width 44" min. interior handicapped dimension 5'-0" Fixed & portable equipment recessed does not reduce accessible by ramp each elevator meets required corridor width from outside grade requirements of Work alcoves include standing space that does not level **3.1-**6.2 interfere with corridor width check if function not included in facility Ceiling Height (3.1-5.2.1.2) **PLUMBING** Min. 7'-10", except: Handwashing station equipment ____ 7'-8" in corridors, toilet rooms, storage rooms ___ handwashing sink ____ sufficient for ceiling mounted equipment ___ hot & cold water supply Min. clearance 6'-8"under suspended pipes/tracks ___ soap dispenser Exits (3.1-5.2.1.3) hand-drying provisions Two remote exits from each floor Sink controls (1.6-2.1.3.2) wrist controls or other hands-free controls at all Doors (**3.7-**5.2.1.3 & 5.2.1.4) Doors to occupiable space min. 3'-0" wide handwashing sinks ____ Doors for stretcher access min. 3'-8" wide blade handles max. 4½" long Patient toilet room doors Drainage Systems ___ outswinging or on pivots No drainage piping above ceiling in operating rooms can be opened by staff in an emergency No floor drain in operating rooms Glazing (3.1-5.2.1.5): Medical Gases ____ Medical gas outlets provided per Table 3.1-2 Safety glazing or no glazing within 18" of floor Handwashing Stations Locations (3.1-5.2.1.6) __ No flammable anesthetics (3.7-6.1.1) ____ Located for proper use & operation **MECHANICAL** (3.1-7.2) Sufficient clearance to side wall for blade handles Floors (3.1-5.2.2.2) Ventilation airflows provided per Table 2.1-2 Exhaust fans located at discharge end (7.2.5.3(1)(c)) Floors easily cleanable & wear-resistant ___ Fresh air intakes located min. 25 ft from exhaust outlet ___ washable flooring in rooms equipped with handwashing stations (Policy) or other source of noxious fumes (7.2.5.4(1)) __ Contaminated exhaust outlets located above roof (7.2.5.4(2)) _ wet-cleaned flooring resists detergents ____ Ventilation openings min. 3" above floor (7.2.5.4(4)) Thresholds & expansion joints flush with floor surface ___ Min. two filter beds (efficiencies 30% & 90%) **(3.1-**5.2.1.7) per Table **3.1-1** Floor finishes in clean corridors, central sterile supply spaces & Class A operating rooms are washable ____ Floor finishes in Class **B** & **C** ORs are monolithic with integral base All floor surfaces in clinical areas allow easy movement of wheeled equipment Walls (3.1-5.2.2.3 & 3.7-5.2.2.4) Wall finishes are washable Wall finish smooth & resists chemical cleaning in clean corridors, central sterile supply spaces & Class A ORs __ Wall finish is monolithic & resists chemical cleaning in operating rooms Smooth & moisture resistant finishes at plumbing fixtures Ceilings (3.7-5.2.2.2) Restricted areas (operating rooms) monolithic ceilings Semi-restricted areas washable ceiling tiles monolithic _ gasketed or clippedceilings down joints